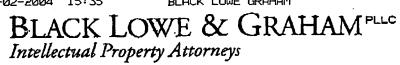
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	Application Number		0,605					
TRANSMITTAL	Filing Dale	Nove	mber 24, 20	003				
FORM	First Named Inventor		Rupe, Kurt A.					
	Art Unit	3661						
	Examiner Name		ssigned Ye					
(to be used for all correspondence after Initia)	Altorney Docket Number			· · · · · · · · · · · · · · · · · · ·				
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ENCLOSURES (Check all that apply)								
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10/720,605 **Application Number** CHANGE OF November 24, 2003 Filing Date CORRESPONDENCE ADDRESS Application Rupe, Kurt A. First Named Inventor 3661 **Group Art Unit** Address to: Commissioner for Patents P.O. BOX 1450 Not Assigned Yet **Examiner Name** Alexandria, VA 22313-1450 **Attorney Docket Number** BOEI-1-1036 Please change the Correspondence Address 46020 for the above-identified application to: CUSTOMER NUMBER X Customer Number X Firm or Black Lowe & Graham PLLC Individual Name **Address** 701 Fifth Avenue, Suite 4800 City ZIP State 98104 WA Seattle Country USA Telephone (208) 381-3300 Fax (206) 381-3301 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124). I am the: ☐ Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number Dale C. Barr Printed Name Signature Date November 2, 2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms If more than one signature is required, see below.

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